Course Description

This course explores the recovery model, its origins in the consumer movement, and its connection with spirituality. Mental health systems in this country are undergoing a quiet revolution. Ex-patients and other advocates are working with mental health providers and government agencies to incorporate spirituality into mental health care. While the significance of spirituality in substance abuse treatment has been acknowledged for many years due to widespread acceptance of 12-step programs, this is a new development in the treatment of serious mental disorders such as bipolar disorder and schizophrenia. Three dimensions of this new respect for the importance of spirituality will be addressed:

Many patients and their relatives experience recovery from an episode of mental disorder as part of their spiritual journey (Lesson)
Patients with mental disorders have genuine religious experiences (Lesson)
Patients with mental disorders benefit from spiritual support (Lesson)

Course Objectives

After completing this course, the participating clinician will be better equipped to:

1.conduct a spiritual assessment
2. develop treatment approaches for persons with mental disorders that are sensitive to their spiritual issues and background
3. incorporate spiritual interventions in appropriate situations
4.conduct searches on the Internet for the latest research and clinical articles on recovery
5.describe and understand the role of the consumer movement in the recovey model
6. Demonstrate mastery of the knowledge and Internet search skills required to achieve objectives 1-5 by completing the quiz and quest exercises to a criterion of 75% for CE credit.

Instructions for Taking This Course

The lessons for this course are online through Blackboard. Most of your course time will be spent visiting sites on the World Wide Web, a part of the Internet. It is recommended that you print the entire course or individual lessons for easier reading, and then go back online to visit the links. None of the sites in this course charge for using their resources.

Instructions for CE credit

Collecting CE requires filling out the CE Quiz Form and paying the tuition fee of $89. You can register and fill out the Online CE Quiz Form (includes a secure form for credit card payment). Or you an print out the Online CE Quiz Form and fill it in as you work your way through the course. Then mail or fax it to Internet Guided Learning (instructions are on the form). Include the tuition fee of $89 by check or credit card number. Your certificate awarding 8 hours of CE will be e-mailed to you.

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Help with the course

You can contact the instructor, Dr. David Lukoff, via email or by phone at 888.880.2870.

Software and equipment needed

You only need to have access to a computer with Internet service and a browser such as Netscape Navigator or Internet Explorer (which you must have to be reading this!)

Refund policy

A full refund is available for any reason until CE is awarded. Contact the instructor, Dr. David Lukoff, via email or by phone at 888.880.2870.

Difficulties

Can't get to a link
The server for that site may temporarily be experiencing problems. If a link doesn't work, skip it and come back to it later. The site will probably be back up. Occasionally a site used in this course may have been taken down. I do check on availability of the sites regularly. If you have persisting trouble accessing a site, please notify the instructor.

It takes a long time for website to appear
The World Wide Web has also been called the World Wide Wait. If you are using a slow speed modem (28k or less), or an older computer with a slow processor, web pages can take one or more minutes to appear. I have the late model Apple G4 Macintosh with a cable modem, and this combination brings up most web pages in a few seconds. But cable modems and DSL high speed lines typically cost $40-50 per month, more than twice what most Internet Service Providers charge. Many universities and libraries provide high speed access. Web pages do come up sooner when they are re-visited because parts of the page are saved in a "cache" on your hard disk.

Course Outline and Suggested Times

Introduction to Course 15'

Lesson 1: The Recovery Model 60'

Lesson 2: Consumer Movement 60'

Lesson 3: Mental Health System and Spirituality 60'

Lesson 4: The Spiritual Journey in Mental Disorder 60'

Lesson 5: Genuine Religious Experiences 30'

Lesson 6: Spiritual Support 30'

Lesson 7: Assessing Spirituality 60'

Lesson 8: Online Resources 60'

Quiz, Search Exercises, Evaluation Form 45'

IGL251 LESSON 1

The Recovery Model

Recovery Model

Mental health systems in this country are undergoing a quiet revolution. Former patients and other advocates are working with mental health providers and government agencies to incorporate spirituality into mental health care. While the significance of spirituality in substance abuse treatment has been acknowledged for many years due to widespread recognition of the therapeutic value of 12-step programs, this is a new development in the treatment of serious mental disorders such as bipolar disorder and schizophrenia.

What distinguishes the recovery model from prior approaches in the mental health field is the perspective that people can fully recover from even the most severe forms of mental disorders. It creates an orientation of hope rather than the "kiss of death" that diagnoses like schizophrenia once held. One hundred years ago, Emil Kraepelin,MD, identified the disorder now known as schizophrenia. He described it as dementia praecox, a chronic, unremitting, gradually deteriorating condition, having a progressive downhill course with an end state of dementia and incompetence.

However, researchers in in the past two decades in Japan, Germany, Switzerland, Scotland, France and the USA have established that people diagnosed with schizophrenia and other serious mental disorders are capable of regaining significant roles in society

and of running their own lives. In fact, most persons with serious mental disorders do recover. Robert P. Liberman, MD, Professor of Psychiatry at UCLA School of Medicine notes that there is strong evidence that persons, even with long-term and disabling forms of schizophrenia, can 'recover,' that is, enjoy lengthy periods of time free of psychotic symptoms and partake of community life as independent citizens. Daniel Fisher, MD, PhD,, a former patient, now a psychiatrist, and internationally renowned advocate for the recovery model, maintains that "Believing you can recover is vital to recovery from mental illness." Recovery involves self-assessment and personal growth from a prior baseline, regardless of where that baseline was. Growth may take the overt form of skill development and resocialization, but it is essentially a spiritual revaluing of oneself, a gradually developed respect for one's own worth as a human being.Often when people are healing from an episode of mental disorder, their hopeful beliefs about the future are intertwined with their spiritual lives, including praying, reading sacred texts, attending devotional services, and following a spiritual practice.

The belief that one can recover from mental disorder is well established as an important aspect factor affecting outcome. Daniel Fisher, MD, PhD, a former patient, now a psychiatrist who is one of the most vocal advocates of the recovery model, has noted that,

Although it is encouraging that Western medicine is beginning to acknowledge the central role of a positive belief in recovery in the area of physical disorder, it is disturbing that psychiatry does not see the wisdom of such an attitude for mental disorder. Even though the weight of personal testimony and epidemiological studies argues that most people are able to regain a productive role in society and recover from mental disorder, the mental health field in particular persists in a belief that mental disorder is a permanent condition.
Daniel Fisher,MD,PhD Believing you can recover is vital to recovery from mental disorder

People can recover from mental disorder by Daniel Fisher, MD, Ph.D. and Laurie Ahern.

Recovery versus Medical Model

The medical model tends to define recovery in negative terms (e.g., symptoms and complaints that need to be eliminated, disorders that need to be cured or removed).

Mark Ragins, MD observed that focusing on recovery does discount the seriousness of the conditions.

For severe mental illness it may seem almost dishonest to talk about recovery. After all, the conditions are likely to persist, in at least some form, indefinitely. How can someone

recover from an incurable illness? The way out of this dilemma is by realizing that, whereas the illness is the object of curative treatment efforts, it is the persons themselves who are the objects of recovery efforts.

Drawing on the 12-step approach to recovery from addictions, Dr. Ragins outlines an alternative to the medical model approach.

1. Accepting having a chronic, incurable disorder, that is a permanent part of them, without guilt or shame, without fault or blame.
2. Avoiding complications of the condition (e.g. by staying sober).
3. Participating in an ongoing support system both as a recipient and a provider.
4. Changing many aspects of their lives including emotions, interpersonal relationships, and spirituality both to accommodate their disorder and grow through overcoming it.

In the recovery model, treatment professionals act as coaches helping to design a rehabilitation plan which supports the patients' efforts to achieve a series of functional goals. Their relationship often focuses on motivating and focusing the patient's own efforts to help themselves. What is important, particularly during the initial stages of interaction is that professionals afford dignity and respect to those in their care.

REQUIRED QUIZ EXERCISE 1: Problems with Current Model

In Recovery: Changing From A Medical Model To A Psychosocial Rehabilitation Model Mark Ragins,MD argues that despite clear evidence of the growing efficacy of treatments and more benign outcomes than traditionally thought, a problem in how recovery is perceived is due to: a) our conceptual model of treatment and recovery b) the inherent nature of the conditions c) very few psychiatrists treating people with serious mental disorders d) all of the above.

Record your answer for later insertion into the Quiz.

.EXERCISE: Listen to Webcast
The Recovery Vision: New paradigm, new questions, new answers.

This webcast from Boston University's Center for Psychiatric Rehabilitation reviews the empirical knowledge underlying the vision of recovery.
Dr. Courtenay Harding, known for her groundbreaking research in the field of recovery, reviews the evidence for recovery and its implications.

Dr. William Anthony, one of the pioneers in the field of recovery-oriented rehabilitation, discusses how recovery research must change the paradigm of the field and the questions we ask.
Ms. Judi Chamberlin, an internationally known psychiatric survivor and advocate of individuals with a mental disorder label, discusses the implications of the emergence of the vision of recovery for the roles of consumers and non-consumers.
Dr. Marianne Farkas, researcher, staff developer, educator and consultant in recovery oriented psychiatric rehabilitation for over 20 years, addresses how the emergence of a new paradigm will pose challenges for the development of mental health and rehabilitation systems.

REQUIRED QUIZ EXERCISE 2: Mental Disorders

According to the first presenter from the World Health Organization in The Recovery Vision: New paradigm, new questions, new answers, how many people around the world have a mental disorder a) 100 million b) 200 million c) 500 million d) unknown

Record your answer for later insertion into the Quiz. (If for some reason you have trouble accessing the webcast, just skip this item by inserting "skip" in the Quiz. You only need to complete 75% of the quiz items.)

REQUIRED QUIZ EXERCISE 3: Recovery Model

The recovery model a) is based on the medical model b) maintains that full recovery is possible c) seeks membership in the American Psychiatric Association d) is opposed to the use of medication

Record your answer for later insertion into the Quiz.

Example of a Recovery Oriented Clinical Program

New Recovery Center at Boston University is an example of a program that has adopted a recovery model. Their curricular options include such courses as Connectedness: Some Skills for Spiritual Health, Hatha Yoga, and Intro to the Internet. Matriculated students take at least two of these semester-long classes, as well as a Recovery Seminar --a guided exploration of personal recovery that is the center's flagship course.

Recovery has so much to do with quality of life. And that may not necessarily mean going back to work or going back to school. It may mean developing friendships,

belonging to a church, having a healthy body and a healthy mind. I think we've gotten so secular in the way we provide services -- focusing on either work or school.

IGL251 LESSON 2

The Consumer Movement

History of the Consumer Movement

There is a growing movement throughout the United States (and the world) of people calling themselves consumers, survivors, or ex-patients--who have been diagnosed with mental disorders and are working together to make change in the mental health system and in society. The consumer movement grew out of the idea that individuals who have experienced similar problems, life situations, or crises can effectively provide support to one another. According Sally Clay, one of the leaders of this movement,

The Consumer/Survivor Communities began 25 years ago with the anti-psychiatry movement. In the 1980's, ex-mental patients began to organize drop-in centers, artistic endeavors, and businesses. Now hundreds of such groups are flourishing throughout the country. Our conferences (many sponsored by NIMH) have been attended by thousands of people. More and more, consumers participate in the rest of the mental health system as members of policy-making boards and agencies.

When it began, there was an initial hostility toward the mental health system, but the consumer movement has evolved into a recovery model that encompasses everyone involved in caring for people with mental disorders.

From around the country, people who had been in treatment for schizophrenia and other forms of serious mental illness began coming out of the shadows and identifying ourselves. We were no longer willing to remain hiding, quietly suffering the ridicule and hostility that too often characterize people's reactions to serious mental illness. Slowly, we began to organize, forming local, state, and then national organizations for recovering persons and our allies. We advocated, trying to regain our rights as human beings. For the most part, the more articulate consumer-advocates felt that professionals, who so readily dismissed our point-of-view when we had been patients, were not to be trusted. Many of us felt we could make it "on our own." And why not? All of us had been diagnosed with having serious mental illnesses...About twelve years ago, however, some consumer-advocates began to suggest that many of us, particularly those who were most disabled, could not so easily make it "on our own."We suggested that most of us did indeed need other people: family members, friends, and often the help of experienced mental health professionals.
Frederick J. Frese

EXERCISE: Listen to Webcast
Vocal and articulate consumer advocate, Sally Zinman, gives a 30-year overview of the consumer movement at the Summit 2000: The Second National Summit of Mental Health Consumers and Survivors.
Sally Zinman's keynote speech

The importance of the consumer movement has been recognized and documented by mainstream mental health, such as in the Surgeon General's report below.

Ex-patients have also written about the struggles and hard won acceptance of the consumer movement.
The Ex-Patients' Movement: Where We've Been and Where We're Going
By Judi Chamberlin, founder of consumer movement

It's About Time: Discovering, Recovering and Celebrating Consumer/Survivor History
A history by the consumer organization--National Empowerment Center

REQUIRED QUIZ EXERCISE 4: Origins of the Recovery Movement

The recovery movement originally derives from: a) Freud b) Kraepelin c) American Psychiatric Association d) consumers

Record your answer for later insertion into the Quiz.

Case Example and Advocate

Frederick Frese,PhD is a vocal example of the recovery model. Thirty years ago, he was locked up in an Ohio psychiatric hospital, dazed and delusional, with paranoid schizophrenia.

In March of 1966, I was a young Marine Corps security officer. I was responsible for guarding atomic weapons at a large Naval Air base and had just been selected for promotion to the rank of Captain. One day, during a particularly stressful period, I made a "discovery" that certain high-ranking American officials had been hypnotized by our Communist enemies and were attempting to compromise this country's nuclear capabilities. Shortly after deciding to reveal my discovery, I found myself locked away in the seclusion room of the base's psychiatric ward, diagnosed with schizophrenia. This was the beginning of my official life as a person with serious mental illness. After about six months I was released from the psychiatric ward at the U.S. Naval Hospital at Bethesda, Maryland, and from the Marine Corps. During the following ten years I was

repeatedly re-hospitalized and released from a variety of psychiatric facilities around the country. Most of these hospitalizations were involuntary.

Twelve years later, he had become the chief psychologist for the very mental hospital system that had confined him. Along the way, despite 10 other hospitalizations, he married, had four children and earned a master's degree and doctorate. He is currently an active consumer advocate for the recovery model.
The full story of Frederick J. Frese, PhD

Stigma

The stigmatizing of people with mental disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads others to avoid living, socializing or working with, renting to, or employing people with mental disorders, especially severe disorders such as schizophrenia. It reduces a person's access to resources and opportunities (e.g., housing, jobs) and leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking, and wanting to pay for, care. In its most overt and egregious form, stigma results in outright discrimination and abuse. More tragically, it deprives people of their dignity and interferes with their full participation in society.

National Stigma Clearinghouse
This Clearinghouse tracks stigmatizing stereotypes of mental illness in the media and provides information about stigma to concerned activists. It focuses on inaccurate images of mental illness in news, advertising, and entertainment media but also include articles and news on stigma.

REQUIRED QUIZ EXERCISE 5: Stigma in the Media

On the National Stigma Clearinghouse home page, they cite a Robert Wood Johnson Foundation survey that the public's primary source of information about mental illness is:
a) magazines b) NIMH c) friends d) mass media

Record your answer for later insertion into the Quiz.

The Roots of Stigma
The Surgeon General's Report on Mental Health includes a section on stigmatization of people with mental disorder.

Online Support Resources

Mutual support is another foundation of the mental health consumer movement. Throughout the the world, consumers are creating self-help groups (also called support groups, peer-run services, consumer-run services, and alternative services).

National Mental Health Consumers' Self-help Clearinghouse
This consumer-run national center serves the mental health consumer movement. They help connect individuals to self-help and advocacy resources, and offer expertise to self-help groups and other peer-run services for mental health consumers. Self-help groups have proven to be effective on a number of levels:

The act of joining together with others who have walked in your shoes enables individuals to recognize that they are not alone.
Individuals in the mental health system often do not have the support of family and friends. Self-help groups can provide the support that may be missing from these other systems.
Self-help groups offer a safe place for self-disclosure.
Self-help groups encourage personal responsibility and control over one's own treatment.
Because group members are actively helping others, they gain a sense of their own competence.
In contrast to the professional/client relationship, members of self-help groups are equals.

The Clearinghouse has developed the Freedom Self-Advocacy Curriculum, a complete set of free online training materials for teaching consumers how to advocate for themselves.

Report from National Summit of Mental Health Consumers and Survivors
This revealing report is based on discussion and a survey of participants about what recovery means and values, principles, barriers, and priorities in recovery. Many other reports and presentations from this conference are also online.

IGL251 LESSON 3

Historical Background

Definitions of Spirituality and Religion

The Thesaurus of Psychological Index Terms , which is used to classify articles and books in the construction the PsycINFO database, defines spirituality as the

Degree of involvement or state of awareness or devotion to a higher being or life philosophy. Not always related to conventional religious beliefs. (p. 208)

It defines religiosity as the

Degree of one's religious involvement, devotion to religious beliefs, or adherence to religious observances...term is associated with religious organizations and religious personnel. (p. 184)

Thus a religion is a dogma, a set of beliefs about the spiritual and a set of practices which arise out of those beliefs. Spirituality is that realm of human experience which religion attempts to connect us to. Sometimes it succeeds and sometimes it fails. While spiritual is not a synonym for religious, a person who has internalized the beliefs and practices of a religion generally would be considered spiritual.

However, one can be "religious" without being "spiritual"--many members of religious institutions perform the necessary rituals and accept the creed (at least superficially), but their ethics, morals, and opportunities for day-to-day practice of their religion do not match their professed beliefs. (p.6)
Krippner, S. and Welch, P. (1993). Spiritual Dimensions of Healing. New York: Irvington.

Jerome Stack, a Catholic priest who has worked at Metropolitan State Psychiatric Hospital in California for 25 years concurs that Spirituality is Not the Same as Religion

Everyone has a spirituality, is that each of us must answer basic questions like "Who am I?" or "What is the meaning of my existence?" or "Why am I suffering?" We are all spiritual, even if we don't belong to a faith group or have a spiritual practice. Spirituality is characterized by a freely undertaken, mature commitment to religious beliefs and practices...On the other hand, people can be "religious" without allowing the many resources of their religious tradition to touch their spirits in a significant way

Theoretical Background

Spirituality plays a major role in the recovery movement, as we shall explore in lessons 4-7. However, the mental health field has a heritage of 100 years of ignoring and pathologizing spiritual experiences and religion. Freud promoted this view in several of his works, such as in Future of an Illusion wherein he pathologized religion as:

A system of wishful illusions together with a disavowal of reality, such as we find nowhere else...but in a state of blissful hallucinatory confusion.

Albert Ellis,PhD is the creator of Rational Emotive Therapy, the forerunner of cognitive modification approaches now widely used in cognitive-behavioral therapies. In a recent interview, Ellis stated:

Spirit and soul is horseshit of the worst sort. Obviously there are no fairies, no Santa Clauses, no spirits. What there is, is human goals and purposes...But a lot of transcendentalists are utter screwballs.

From a recovery perspective that views spiritual awakening as central to the healing process, this could be called "Stinking Thinking!"

BF Skinner,PhD, the psychologist who pioneered understanding of behavior modification principles that are the other half of cognitive-behavioral therapies, did not publish a single word on the topic of spirituality. He approached humans as stimulus response boxes with varying behaviors that depend on environmental contingencies. Skinner's psychology gave no attention to inner experience, which does leave out a lot of what makes people human beings. However, Skinner's implicit views on religion can be gleaned from the novel he wrote about a Utopian community, Walden Two.

In this novel, one member describes religion as:

an explanatory fiction, of a miracle-working mind...superstitious behavior perpetuated by an intermittent reinforcement schedule

New Diagnostic Category: Religious or Spiritual Problem

As noted above, the mental health system has become much more open to recognizing the importance of spirituality in mental health and in recovery from mental disorders. One major step was the acceptance a new diagnostic category for Religious or Spiritual Problems into the Diagnostic and Statistical Manual-IV in 1994.

This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of other spiritual values which may not necessarily be related to an organized church or religious institution. (p. 685)

The adoption of this new category as a nonpathological category (it is listed as a problem along with Bereavement) has also led to increased inclusion of religious and spiritual issues into the curriculum of psychiatry, nursing and mental health training in other disciplines.
History of the DSM-IV category Religious or Spiritual Problem (V62.89)

REQUIRED QUIZ EXERCISE 6:
Benefits of DSM-IV Religious or Spiritual Problem

Which of these were cited in the proposal described in the History of the DSM-IV category Religious or Spiritual Problem (V62.89) as benefits of accepting the new diagnostic category: a) increasing the accuracy of diagnostic assessments when religious and spiritual issues are involved b) reducing the occurrence of iatrogenic harm from misdiagnosis of religious and spiritual problems c) improving treatment of such problems by stimulating clinical research d) all of the above.

Record your answer for later insertion into the Quiz.

REQUIRED QUIZ EXERCISE 7:
DSM-IV Religious or Spiritual Problem

In the DSM-IV, Religious or Spiritual Problem: a) is included in the section on Adjustment Disorders b) cannot be diagnnosed if there is a co-existing Axis I disorder c) is included for the first time in the DSM d) is listed as a proposed category for further consideration.

Record your answer for later insertion into the Quiz.

In some talks I have given, I have used this ancient Scandinavian fairytale as an allegory of how the mental health field and spirituality need to "get married" and get to know each other better:

A kingdom was falling into ruin, and an oracle was consulted who determined that the kingdom could only be saved if the beautiful princess marries a dragon. The reluctant princess is advised by a wise woman to wear 10 layers of wedding dresses and when they are alone on their wedding night to ask the dragon to shed a layer of his skin each time she sheds a dress. When in fact he does so ten times, the dragon stands revealed as a prince, and the couple and kingdom live happily ever after.

Some would say that mental health and spirituality are already married but need couples counseling to help them get along better! The development of this course, originating in presentations to consumers and staff at the San Francisco, Sonoma, and Contra Costa County Departments of Mental Health, is also an example of the increased receptivity and sensitivity to spirituality within mental health.

IGL251 LESSON 4

The Spiritual Journey in Mental Disorder

Your life is a sacred journey. And it is about change, growth, discovery, movement, transformation, continuously expanding your vision of what is possible, stretching your soul, learning to see clearly and deeply, listening to your intuition, taking courageous challenges at every step along the way. You are on the path... exactly where you are meant to be right now.
Caroline Adams

Mental Disorder as a Spiritual Journey

Recovery from a mental disorder is experienced by many people as part of their spiritual journey. This was eloquently expressed by consumer advocate and Program Director of the Mental Health Division of Contra Costa County Jay Mahler. During a conversation with Dan Weisburd, editor of the CAMI Journal, Jay mentioned that he viewed his disorder as a spiritual journey. When Dan questioned how a devastating mental disorder could be a spiritual journey, Jay responded:

Regardless of what anyone else chooses to call it, that's what it's been for me. The whole medical vocabulary puts us in the role of a 'labeled' diagnosed victim. We are the ones whom they must skillfully attempt to fix, according to them. But as they go through trial and error, looking to see if anything they have to offer works at all to control your symptoms, it doesn't take a genius to realize they haven't got the answers. No clue about cures! And oh boy, those side effects! I don't say medications can't help, or that treatments won't have value.

But, what I do say is that my being aware that I'm on a spiritual journey empowers me to deal with the big, human 'spiritual' questions, like: "Dan! Why is this happening to me? Will I ever be the same again? Is there a place for me in this world? Can my experience of life be made livable? If I can't be cured can I be recovering. . . even somewhat? Has my God abandoned me?" Bottom line is, as victim of whatever it is, we who have it have to wonder whether what remains constitutes a life worth living. That's my spiritual journey, Dan, that wondering. That's my search. That's something I must do.

REQUIRED QUEST EXERCISE 8: Definitions of the Spiritual Journey

There are many definitions of a spiritual journey. Here are brief excepts from on the spiritual journey from Thomas Merton, Ignatius Loyola,Teilhard de Chardin,George Bernard Shaw, John of the Cross. Look over the selections on Readings for the Spiritual Journey and find one title of a reading that would be appropriate to give to a patient seeking to explore his or her spiritual life.

Record your answer for later insertion into the Quiz.

Case Examples

Sally Clay describes how her mental disorder was healed by her involvement with religious practices.

As another example, I will also use my own experience of a spiritual journey in recovery. Joseph Campbell once said if there was a sign in a hallway that said:
Lecture on God turn right. Meet God turn left
most people would go to the lecture. I was one of those who not only turned left to meet God but became God--or at least Buddha and Christ. This happened in 1971 when at the age of 23, I spent two months firmly convinced that I was a reincarnation of both Buddha and Christ. I spent many sleepless nights while holding conversations with the "spirits" of eminent thinkers in the social sciences and humanities. I had discussions with contemporary persons including R. D. Laing, Margaret Mead, and Bob Dylan, as well as individuals no longer living, such as Rousseau, Freud, and Jung. I also conversed with my past reincarnations as Buddha and Christ. Based on the wisdom they imparted to me, I compiled a collection of their teachings into a "Holy Book" that would unite all the

peoples of the world. I began this sacred endeavor by making photocopies of the book and giving them to my family and friends.

For those two months, my episode met the diagnostic criteria for Acute Schizophrenic Reaction in the Diagnostic and Statistical Manual-II. In the current DSM-IV, that experience could be diagnosed as a Hallucinogen Induced Delusional Disorder or a Brief Psychotic Disorder. As has happened to others (Lukoff and Everest, 1985), I might have been diagnosed with some other psychotic disorder if I hadn't been supported by friends while going throught that episode. In 1974 in San Francisco, John Perry, MD, founded Diabysis treatment center that still serves as a model therapeutic environment for such crises. Diabysis created a homelike atmosphere where diagnostic labels were not used. Staff members were selected for their ability to be comfortable with the intensive inner processes of persons in psychotic states. In this healing environment, patients in such vulnerable states were able to follow their psyches while being protected from harm. Most episodes treated at Diabysis lasted 6-8 weeks.

I was fortunate during this period to be supported by friends who took me in for weeks at a time. They provided sanctuary for me and helped me to get grounded again in the everyday social world and consensual reality. Without their help, I might have been confined in a psychiatric hospital, diagnosed with a lifelong psychotic disorder, and "treated" with medication. Being supported by caring friends is one of the many experiences in my life for which I am deeply grateful.

However, for a long time after my delusional episode, I kept silent. No one had responded to me about my gift of the "Holy Book." I was intensely embarrassed about having believed myself to be such grandiose figures and distributing that book. For years I talked with absolutely no one about my experience--not my wife, my parents, nor even my therapist. Yet, like Jay Mahler, I also consider my psychotic episode to be the beginning of my spiritual journey.

Six years after this episode, I entered Jungian analysis and had a dream in which a large red book appeared. My analyst asked for my associations to the book. Memories of my "Holy Book" leaped into my consciousness. I had not discussed my episode with anyone in seven years, and my heart raced at the prospect of sharing my story with someone in my own profession. Recognizing therapy as a sacred place where one can safely tell secrets, I blurted out the details--about believing myself to be a reincarnation of Buddha and Christ whose mission was to save the world by writing the new "Bible." To show that I was now a sane member of the psychology profession, I described these as "grandiose delusions" and "visual hallucinations." At the end of my description, she said,

"Well, I don't think that's craziness. Sounds like something important was happening to you on a deep level."

She invited me to bring the book to the next session, and I got to tell my story for the first time.

At the time I assumed the identities of Buddha and Christ, I had very little knowledge about Buddhism or Christianity. In overcoming my own reluctance to discuss it, I discovered that the valid spiritual dimensions of my experience could be salvaged through psychotherapy. Jungian analyst John Perry, MD noted that,

What remains...is an ideal model and a sense of direction which one can use to complete the transformation through his own purposeful methods.
Visionary Experience and Psychosis

I now view my own experience of having "been" Buddha and Christ as opening me to ideal models for my spiritual life. As James Hillman (1986) points out, "Recovery means recovering the divine from within the disorder, seeing that its contents are authentically religiou. (p. 10). I began my own process of "recovering the divine." I explored Buddhism, Christianity, and other forms of spirituality as I integrated this episode into my spiritual journey (see Lukoff, 1990 for a fuller account).

During the past 25 years in my clinical practice as a psychologist at UCLA-NPI, Camarillo State Hospital, and the San Francisco VA, I have often found myself face-to-face with individuals who have had delusions similar to mine. I believe that my ability to work effectively with those individuals has been aided by being given a rare opportunity to journey through the complete cycle and phenomenology of a naturally-resolving psychotic episode. Thus, beyond serving as a spiritual awakening, my journey held within it the archetypal gift of the Wounded Healer, providng me with the ability to connect more deeply with persons recovering from episodes of mental disorders.

Based on what I learned from my own psychotic episode, and through my work with other individuals who had similar episodes, integrating such experiences into a personal spiritual journey. It involves three phases:

Phase 1: Telling one's Story
Phase 2: Tracing its Symbolic/Spiritual Heritage
Phase 3: Creating a New Personal Mythology

Telling One's Story

This is one of the key steps in integrating an episode of mental disorder into a spiritual journey. I have published several case studies and found that people in recovery from mental disorders are not asked to recount or reflect on their experiences. Yet based on my case studies and contact with people in recovery, telling one's story is the important first step in the three stages of integrating a mental disorder. It often helps to talk about and write out a full account of all one has experienced. I did this with patients at Camarillo

State Hospital, UCLA, and the San Francisco VA, and found that even constructing a simple time line marked with ages and key events serves a therapeutic ordering function. Then the work of phases 2 and 3 can move toward integrating the experience.

Phase 2: Tracing its Symbolic/Spiritual Heritage

At least of half of people with diagnoses ofdisorders such as bipolar and schizophrenia have religious delusions and hallucinations.1 In the medical model, further exploration of such experiences would be unnecessary and could even exacerbate symptoms by reinforcing his/her "delusional system."

At the age of 23, I spent 2 months firmly convinced that I was a reincarnation of Buddha and Christ and was on a mission to write a new "Holy Book" that would unite all the peoples of the world. And I had been raised as a Jew! Jungian analyst John Beebe (1982) has noted that,

Minimally, the experience of psychotic illness is a call to the Symbolic Quest. Psychotic illness introduces the individual to themes, conflicts, and resolutions that may be pursued through the entire religious, spiritual, philosophical and artistic history of humanity. This is perhaps enough for an event to achieve. (p. 252)

After 7 years, when I did begin to reflect on my experiences, I approached them as symbolic experiences, I first asked: who were Buddha and Christ? I really had little knowledge of Christianity or Buddhism at the time I assumed their identity. Like others whom I have talked with who developed the grandiose delusion that they were god or the messiah, these stereotypical delusions of grandeur, inflation, and possibly inappropriate behavior were embarrassing to me later. Yet the treatment literature documents that there is much therapeutic value in addressing a person's religious delusions [6]. The valid religious/spiritual dimensions of the experience can be salvaged through psychotherapy. James Hillman (1986) maintains that,

Recovery means recovering the divine from within the disorder, seeing that its contents are authentically religious. (p. 10)

Once I was back with both feet on the ground, these experiences gave me great cause to explore Christianity, Buddhism, and other forms of spirituality. In retrospect, I consider this period to be my spiritual awakening. In Seduction of Madness, Ed Podvoll, MD, observed that,

Many who have come through psychotic episodes describe them as the most fantastic time of their lives.

Much of my work in Jungian analysis consisted of learning how to explore the meaning of my personal symbols as they appeared in dreams and in my own episode. This search for meaning by exploring parallels in traditional myths and religious texts has also played a role in the integration of many of the ex- patients whom I have written about

Myths in Mental Illness Case

Phase 3: Creating a New Personal Mythology

Stanley Krippner, PhD, co-author of The Mythic Path : Discovering the Guiding Stories of Your Past Creating-A Vision for Your Future defines a personal mythology as

an individual's system of complementary and contradictory personal myths which shape our expectations, and guide our decisions.

Each of us has a personal mythology--beliefs about life that make up our view of the world, shape our expectations, and guide our decisions.

Personal myths address life's most important concerns and questions, including

1. Identity (Who am I? Why am I here?)
2. Direction (Where am I going? How do I get there?)
3. Purpose (What am I doing here? Why am I going there? What does it all mean?)

Weaving a mental disorder into a life-affirming personal mythology is essential for recovery. Unfortunately, many beliefs that people develop around an episode of mental disorder are dysfunctional myths that emphasize pathological qualities. Since these are not attuned to the person's actual needs, capacities, or circumstances, such myths do not serves as constructive guides during recovery.

Experiences of nonconsensual reality, such as dreams and parapsychological events, as well as the non-ordinary experiences from mental disorders can play a significant role in shaping positive personal mythologies. All of these involve transcendence of ordinary life concerns and an experience with a "higher" or "deeper" reality. Awareness of being on a spiritual journey often becomes the foundation for a new personal mythology that is growth-enhancing and spiritually supportive.

My personal mythology evolved after discovering the works of Joseph Campbell a few years after my episode. Campbell identified three stages in the Hero’s Journey. First the Call, then Initiation, and finally the Return stage, which

requires that the Hero shall now begin the labor of bringing the runes of wisdom, the Golden Fleece, or his sleeping princess, back into the kingdom of humanity, where the boon may redound to the renewing of the community, the nation, the planet, or the ten thousand words. (Campbell, 1949, p.193)

During psychosis, the mind is driven to reveal its deepest, most intimate workings, images, and structures. Whereas the myths are metaphors for journeys into the psyche, psychosis is a journey into the psyche. Stories of successful inner voyages of persons in recovery are boons that communicate the workings of the psyche at the most direct level. This is why madness is such an important theme in the arts. We have much to learn from such accounts. I have published several case studies illustrating the powerful dimensions for both the person on the inner journey and the reader.

My personal boon has involved publications and presentations targeted to increasing the awareness of mental health professionals about the important role of spirituality in recovery and in mental health in general. This work contributed to the addition of a new category to the DSM-IV entitled Religious or Spiritual Problem (V62.89) which I co-authored with Francis Lu,MD and Robert Turner,MD.

Some clinicians have expressed the concern that having patients discuss their delusional experiences could exacerbate their symptoms by reinforcing them. I was involved in a study of a holistic health program conducted at state psychiatric hospital in which participants were encouraged to actively explore their psychotic symptoms. They participated in in groups such as "Schizophrenia and Growth" which encouraged them to compare their experiences to those of mystics, Native Amerian vision quests. and shamanic initiatory crises. Telling their stories did not result in exacerbation of symptoms (Lukoff et al., 1986).

REQUIRED QUIZ EXERCISE 9:
Exacerbation of Symptoms

In the study A holistic program for chronic schizophrenic patients, the patients in the holistic health program who were encouraged to explore the growth potential of their psychotic experiences: a) showed an exacerbation of delusions only b) relapsed less often c) showed significant decreases in psychopathology d) became more religious.

Record your answer for later insertion into the Quiz.

Genuine Religious Experiences

Genuine Religious Experiences

Jerome Stack, a Catholic Chaplain at Metropolitan State Hospital in Norwalk, California for 25 years, observed that many people with mental disorders do have genuine religious experiences:

Many patients over the years have spoken to me of their religious experience and I have found their stories to be quite genuine, quite believable. Their experience of the divine, the spiritual, is healthy and life giving. Of course, discernment is important, but it is important not to presume that certain kinds of religious experience or behavior are simply "part of the illness."

During manic episodes in particular, people have experiences similar to those of the great mystics.

There is a general agreement among those who have experienced it, that religious truths are realized, the religious truths, the ones of the desert fathers and the great mystics. (p. 118)
Ed Podvoll,MD The Seduction of Madness : Revolutionary Insights into the World of Psychosis and a Compassionate Approach to Recovery at Home

One woman who had been hospitalized for a manic episode told me:

"Since being discharged my appreciation of music, poetry and the Spanish mystics has been enhanced and I have gained insight into the need of others, which has made the whole experience worthwhile."

Anton Boisen who was hospitalized for a psychotic episode and then became a minister and the founder of pastoral counseling, maintained that,

Many of the more serious psychoses are essentially problem solving experiences which are closely related to certain types of religious experiences.(p. 154)

Exploration of the Inner World : a Study of Mental Disorder and Religious Experience

Sally Clay, an advocate and consultant for the Portland Coalition for the Psychiatrically Labeled, has written about the important role that religious experiences played in her recovery following two years of hospitalization while diagnosed with schizophrenia at the Yale-affiliated Hartford Institute of Living (IOL). While hospitalized, she had a powerful religious experience which led her to attend religious services.

My recovery had nothing to do with the talk therapy, the drugs, or the electroshock treatments I had received; more likely, it happened in spite of these things. My recovery did have something to do with the devotional services I had been attending. At the IOL I attended both Protestant and Catholic services, and if Jewish or Buddhist services had been available, I would have gone to them, too. I was cured instantly-healed if you will-as a direct result of a spiritual experience.

Many years later Clay went back to the IOL to review her case records, and found herself described as having "decompensated with grandiose delusions with spiritual preoccupations." She complains that "Not a single aspect of my spiritual experience at the IOL was recognized as legitimate; neither the spiritual difficulties nor the healing that occurred at the end."

Clay is not denying that she had a psychotic disorder at the time, but makes the case that, in addition to the disabling effects she experienced as part of her illness, there was also a profound spiritual component which was ignored. She describes how the lack of sensitivity to the spiritual dimensions of her experience on the part of mental health and religious professionals was detrimental to her recovery. Nevertheless she has persevered in her belief that,

For me, becoming "mentally ill" was always a spiritual crisis, and finding a spiritual model of recovery was a question of life or death. Finally I could admit openly that my experiences were, and always had been, a spiritual journey -- not sick, shameful, or evil. The Wounded Prophet by Sally Clay

Thus experiences with religious/spiritual content can be explored, particularly to find direction for spiritual support. They can also play an important role in helping to redefine a person's personal mythology as noted in lesson 4.

IGL251 LESSON 6

Spiritual Support

Spiritual Support

Spiritual support involves the degree to which a person experiences a connection to a higher power (i.e., God or other transcendent force) that is actively supporting, protecting, guiding, teaching, helping, and healing. For many people, having a relationship with a higher power is the foundation of their psychological well-being. Some researchers have suggested that the subjective experience of spiritual support may form the core of the spirituality-health connection (Mackenzie et al., 2000). The recent landmark publication Handbook of Religion and Health reviewed 1600 studies, including hundreds on mental health. One chapter,"Schizophrenia and Other Psychoses," summarizes research which indicates that persons with mental disorders utilize their spiritual resources to improve functioning, reduce isolation, and facilitate healing.

The mental health professions have a long history of ignoring and pathologizing religion (Lukoff et al., 1992). For instance, Albert Ellis asserts, "The less religious [patients] are, the more emotionally healthy they will tend to be" (Ellis, 1980, p. 637). But the data show otherwise: religion is overwhelmingly associated with positive mental health.

Because individuals seek meaning when experiencing severe illnesses, and spirituality is an important coping mechanism, promoting religious and spiritual beliefs and practices is highly appropriate. Mental health professionals can provide spiritual support to people coping with mental disorders. By devoting some therapy time to exploring spiritual issues and asking questions to discover a deeper meaning in life, they can help to create the spirituality-health connection.

Spiritual support can include:

Educating the client about recovery as a spiritual journey with a potentially positive outcome.

Encouraging the client's involvement with a spiritual path or religious community that is consistent with their experiences and values.

Encouraging the client to seek support and guidance from credible and appropriate religious or spiritual leaders.

Encouraging the client to engage in religious and spiritual practices consistent with their beliefs (e.g., prayer, meditation, reading spiritual books, acts of worship, ritual, forgiveness and service). At times, this might include engaging in a practice together with the client such as meditation, silence, prayer, or singing.

Modeling one's own spirituality (when appropriate), including a sense of spiritual purpose and meaning, along with hope and faith in something transcendent.

Mental health programs can, through their structures and culture, create environments that promote this spiritual work. New Recovery Center at Boston University is an example of a program that has adopted a recovery model incorporating a spiritual component. Curricular options include such courses as Connectedness: Some Skills for Spiritual Health, Hatha Yoga, and a Recovery Seminar. This guided exploration of personal recovery is the center's flagship course.

People recovering from mental disorders have rich opportunities for spiritual growth, along with challenges to its expression and development. They will find much needed support for the task when they are clinically guided to explore their spiritual lives. Thus directed, they can begin to create a positive health-promoting outcome for their spiritual journey in recovery.

QUIZ EXERCISE 10: Spirituality in Healthcare Organizations

In Spirituality and healthcare organizations the authors suggest that healthcare organizations implementing a spiritual component in programming, should a) make sure views of nonreligious staff and patients are respected b) provide clear guidelines for the extent and nature of spiritual support for patients c) elicit input from all staff to identify common values d) all of the above

Record your answer for later insertion into the Quiz.

Psychiatrically Hospitalized Patients

Studies have found that hospitalized psychiatric patients are as religious as the general population and they turn more to religion during such crises In The religious needs and resources of psychiatric inpatients the authors found that 88% of the psychiatric patients reported three or more current religious needs. Psychiatric patients had lower spiritual well-being scores and were less likely to have talked with their clergy. They concluded that religion is important for the psychiatric patients, but they may need assistance to find resources to address their religious needs.

QUIZ EXERCISE 11: Religious Needs of Hospitalized Patients

In The religious needs and resources of psychiatric inpatients the authors compared patients in a medical/surgery and a psychiatric unit, and found: a) greater religious needs

in the psychiatric patients b) no differences in religious resources c) no differences in religious needs between the two patient groups, but significant differences in religious resources d) greater religious needs in the psychiatric patients.

Record your answer for later insertion into the Quiz.

Another form of spiritual support is to address dysfunctional beliefs about their disorder that many patients hold. One study of 52 psychiatric inpatients found that 23% believed that sin-related factors, such as sinful thoughts or acts, are related to the development of their illness.
Sheehan W, Kroll J Psychiatric patients' belief in general health factors and sin as causes of illness. Am J Psychiatry 1990 Jan;147(1):112-3

This is clearly a guilt-inducing belief for which there is no evidence, and the vast majority of religious professionals would challenge. When I was a psychologist at Camarillo State Hospital, I collaborated with a rabbi who led groups for patients, and this was one of the beliefs he regularly encountered. He made a point of disputing such assertions when they were voiced, using both old and new testament citations.

But in general, intensity of religious beliefs is not associated with psychopathology Patients who have little or no religious commitment are just as likely to have depression, anxiety or other personality disorders as patients with higher levels of religious commitment. In several studies, being highly religious is not a risk factor for psychopathology, as has been often taught in mental health training programs. The authors of one study concluded:

The notion that religion exerts a negative influence on mental health in patients was not generally supported by our findings. The primary factor in patients who display religious conflicts and anxieties seems not to be the degree of religious commitment itself, but rather their underlying psychological disease.
Psychopathology and religious commitment--a controlled study. Pfeifer S, Waelty U Psychopathology 1995;28(2):70-7

IGL251 LESSON 7

Assessing Spirituality

Spiritual Assessment Defined

Spiritual assessment is the process by which health care providers can identify a patient's spiritual needs pertaining to their mental health care. The determination of spiritual needs and resources, evaluation of the impact of beliefs on healthcare outcomes and decisions,

and discovery of barriers to using spiritual resources are all outcomes of a thorough spiritual assessment. At St. Elizabeth's Hospital in Washington, D.C., the Chaplain Program, headed by Clark Aist, conducts a "Spiritual Needs Assessment" on each inpatient, concluding with a treatment plan that identifies religious/ spiritual needs and problems, role of pastoral intervention, and religious/spiritual activities recommended.

When I started the year-long human sexuality training program at the UCLA Neuropsychiatric Institute, we were given the assignment to pair up and interview each other about our sexual histories--our first sexual memories, wet dreams, masturbation, petting, intercourse, sexual problems etc. After all, if we were going to ask our patients about their sexual experiences and problems, we needed to be comfortable listening to and talking openly about sexuality. Although we were all licensed mental health professionals, we had not been trained to talk with patients about their sexual functioning or problems, and this exercise was a great way to desensitize us (as in "systematic desensitization") to the topic of sexuality.

I have found the same approach to be helpful with the topic of spirituality, and have developed the following interview as a desensitization exercise for training mental health professionals to conduct assessments of spirituality. I have used it at numerous workshops and conference, and in my experience, most mental heath professionals have an untapped reservoir of spiritual depth that they have not had permission to bring it into their clinical practices. I have also used this assessment with patients in both the dual diagnosis and chronic pain groups I have led at the San Francisco VA.

The interview below was developed after consulting many assessment instruments published in books and articles, and disseminated at conference presentations. It can usually be completed in 10 minutes.

Spiritual Assessment Interview

A. RELIGIOUS BACKGROUND AND BELIEFS

1. What religion did your family practice when you were growing up?

2. How religious were your parents?

3. Do you practice a religion currently?

4. Do you believe in God or a higher power?

5. What have been important experiences and thoughts about God/Higher Power?

6. How would you describe God/Higher Power? personal or impersonal? loving or stern?

B. SPIRITUAL MEANING AND VALUES

1. Do you follow any spiritual path or practice (e.g., meditation, yoga, chanting)?

2. What significant spiritual experiences have you had (e.g., mystical experience, near-death experience, 12-step spirituality, drug-induced, dreams)?

C. PRAYER EXPERIENCES

1. Do you pray? When? In what way(s)?

2. How has prayer worked in your life?

3. Have your prayers been answered?

FICA

Another approach to spiritual assessment uses the acronym FICA.

F: FAITH AND BELIEFS
1) What are your spiritual or religious beliefs?

2) Do you consider yourself spiritual or religious?

3) What things do you believe in that give meaning to your life?

I: IMPORTANCE AND INFLUENCE
1) Is it important in your life?

2) How does it affect how you view your problems?

3) How have your religion/spirituality influenced your behavior and mood during this illness?

4) What role might your religion/spirituality play in resolving your problems?

C: COMMUNITY
1) Are you part of a spiritual or religious community?

2) Is this supportive to you and how?

3) Is there a person or group of people you really love or who are really important to you?

A: ADDRESS
1) How would you like me to address these issues in your treatment?

FICA is described in more detail at the National Health care Research Institute web site.

Christina M. Puchalski, M.D. has published online 5 cases in which the FICA Spiritual Assessment tool has been applied.

REQUIRED QUIZ EXERCISE 12: FICA Spiritual Assessment

In the 5 cases in which the FICA Spiritual Assessment tool has been applied, the faith category includes such examples as: a) neither beliefs nor faith b) naturalist c) Buddhist d) all of the above.

Record your answer for later insertion into the Quiz.

HOPE Assessment

Yet another approach to spiritual assessment is entitled HOPE, where

H--sources of hope, strength, comfort, meaning, peace, love and connection
O--the role of organized religion for the patient
P--personal spirituality and practices
E--effects on medical care and end-of-life decisions

Questions used in this approach are on included in this article:

Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment GOWRI ANANDARAJAH, M.D., and ELLEN HIGHT, M.D., M.P.H American Family Physician

EXERCISE: Take 10 minutes and answer the questions for the FICA or the Religious and Spiritual History.

IGL251 LESSON 8

Online Resources

Case Based Tour

EXERCISE: Case Based Tour of Online Resources This is an Internet Guided tour of web sites I have found in searches to further explore the meaning of my episode. Case-Based Tour

Self-Help Resources

Early Psychosis Training Pack
This material has been developed to provide information about preventive intervention in early psychosis - a relatively new area to many of those involved in the care and management of people with psychotic disorders. The pack consists of a series of ten modules covering all aspects of preventive intervention in early psychosis, from recognition of incipient psychosis to psychosocial and medical interventions and ongoing management.

Thrivenet
Resource for learning about resilience, thriving, and how to gain strength from adversity. Includes article form psychologist Al Siebert, PhD, and stories of survivors.

Successful Schizophrenia Exchange

National Mental Health Consumers' Self-Help Clearinghouse
A consumer-run national center serving the mental health consumer movement.

Recovery, Inc.
Recovery Inc. is a mental health self-help program based on the work of Abraham A. Low, MD. They are nonprofit, nonsectarian and completely member managed. Recovery, Inc. has been active since 1937 and has groups meeting every week around the world. Articles for professionals

Sally Clay's Recovery and Advocacy links

Schizophrenia.com
A not-for profit information, support, and education center for people diagnosed with schizophrenia,parents, spouses, offspring. Contains information on Causes, Diagnosis, Medications, Success Stories, Support Groups.

Recovery, Self-Help and Empowerment articles from the National Empowerment Center

It's About Time: Discovering, Recovering and Celebrating Consumer/Survivor History

Support Coalition International
A consumer group focused on human rights in the mental health system, and publisher of Mind Freedom, a magazine devoted to this issue.

Coping with Schizophrenia
Frederick J. Frese,PhD describes Twelve Aspects Of Coping For Persons With Schizophrenia, including denial, delusional thinking, medications, social deficits, consumer groups and self-help.

Recovery Model in Mental Health

People can recover from mental illness Daniel Fisher, M.D., Ph.D. and Laurie Ahern

wakenings and Recovery - Learning the Beat of a Different Drummer by Harriet P. Lefley, Ph.D.

Recovery: Changing From A Medical Model To A Psychosocial Rehabilitation Mode by Mark Ragins,MD

MENTAL DISORDERS ARE NOT DISEASES by Thomas S. Szasz, MD

Peter R. Breggin, MD
has written extensively about the overuse and side effects of psychiatric medications.

New Recovery Center
Article from Boston University web site about a program that offers holistic approach to mental disorders.

Schizophrenia: Wellness Center
Medscape maintains this site with the latest psychiatric and medical news and information on schizophrenia.

2 web casts

Religious and Spiritual Resources

FaithNet NAMI

The Broken Covenant
Reverend Jerome Stack, C.P.P.S., Department of Mental Health, Metropolitan State Hospital, Norwalk, CA

SPIRITUALITY IS NOT THE SAME AS RELIGION by Jerome Stack

Readings for the Spiritual Journey
List 6

Spiritual Emergencies Course
A free course on spiritual crises that can present as or overlap with mental disorders

Discussion Lists
Schizoph Send mail to listserv@utcc.utoronto.ca and include in the body of message only the following: sub schizoph yourfirstname yourlastname Ê

Newsgroups
alt.support.schizophrenia
alt.support.schizophrenia

REQUIRED QUIZ EXERCISE 13: Search about Shintoism

A Japanese patient raised as a Christian wants to find out more about shintoism to see if that would be compatible with his spiritual path. He has asked you to help him find the sacred book for shintoism. You go to BeliefNet's section on Religions and on the left side is a link to Shinto. You click on that and find Shintoism: 1) has no comprehensive canon of scripture, 2) uses the Old Testament, 3) uses the Tao Te Ching, 4) uses secret teachings not available in printed form.

Record your answer for later insertion into the Quiz.

Online Case Library

REQUIRED QUEST EXERCISE 14:Search Medline for Recovery Articles

Search Medline for articles on "recovery and mental illness". Note that when you find an article you are particularly interested in, you can click on Related Articles on the right side to view other abstracts on the same topic. Insert the title of one article.

Record your answer for later insertion into the Quiz.

REQUIRED QUEST EXERCISE 15: Search Medline for Spirituality Articles

Search Medline for articles on "recovery and spirituality". Note that when you find an article on mental disorders you are particularly interested in, you can click on Related Articles on the right side to view other abstracts on the same topic. Insert the title of one article.

Record your answer for later insertion into the Quiz.